

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048548

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 219

FILED JAN 9 1964

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Laclede

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Lebanon

Length of stay in 1b

2 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Louise G. Wallace Hosp.

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Laclede

c. CITY  
OR  
TOWN

Stoutland

Inside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS(If outside, give location)  
Rural Rt.Reside on Farm  
Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Ernest

Lyon

4. DATE  
OF  
DEATH

Month

Day

Year

December 20, 1963

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

8-10-01

## 9. AGE (last birthday)

62

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farmer

10b. KIND OF BUSINESS OR INDUSTRY

farming

11. BIRTHPLACE (City and state or country)

Stoutland, Mo.

12. CITIZEN OF WHAT COUNTRY

U S A

## 13a. FATHER'S NAME

Campbell Lyon

## 13b. MOTHER'S MAIDEN NAME

Mattie Wilson

## 14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

no

none

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Leonard Lyon, Stoutland, Mo.

18. CAUSE OF DEATH (Enter only one cause plus condition given in PART I (a))

IMMEDIATE CAUSE (a)

Acute bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute cerebral vascular accident

4 days

DUE TO (c)

Hypertension

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Frostbite all toes both feet

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-17-63 to 12-20-63 and last saw her alive on 12-20-63  
Death occurred at 6:50 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

B.B. Hurst MD

Lebanon, Mo.

1-2-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

12-22-63

23c. NAME OF CEMETERY OR CREMATORY

Mayfield Cemetery

23d. LOCATION (City, town, or county)

Laclede County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

J.F. Shadel

Lebanon, Mo.

1-7-1964

Hella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1 12535  
2 0530  
3  
4 0  
5 0  
6  
7 0  
8 2  
9 331x  
10  
11  
12 1-0  
13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer \_\_\_\_\_

**Signed**

Licensed Embalmer No

**P. O. Address**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Remits not desired. W. S. W.